

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	69607	5/11/99
O.I.P.E. CLASSIFIER	SW	72346	5/13
FORMALITY REVIEW			5-19-99

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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Best Available COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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